

BEST AVAILABLE COPY

Index of Claims				Application No.	Applicant(s)						
				09/778,130 Examiner Flemming Saether	GEROGIANNI, DIMITRA G. Art Unit 3877						
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input type="checkbox"/> • Restricted Cancelled		<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected						
Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
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35				85				135			
36				86				136			
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39				89				139			
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50				100				150			